CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1 DATE OF REPORT	2.a NAME OF CANDIDATE O	R COMMITTEE	77 -	
JANUARY 16,2012	COMMENTALE TO	KEFILL	or KICHARI	O (ASAVANT
2.b. IF GOMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	
	VANT		1994 4	2010
4.a. CAMPAIGN ADDRESS AND PHONE			1	
Street or Rural Route	City	State	Zip Code	Phone
114 KNEW POINTRD 3	GUAL PIN	12	37317 (423	1886-5403
 CANDIDATE'S HOME ADDRESS (if different Street or Rural Route 	t than 4.a.) City	Ctata	7in Onda	
officer of Naral Noute	City	State	Zip Code	Phone
OFFICE SOUGHT (include district number in	familianhla)	E OF POLITION		
- 1 00		E OF POLITICAL	TREASURER (may be	
	MESON PO	ANK.	SOAPLE:	5
7. CATEGORY OR REPORT (Check one)				·
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
o.a. denining bareor reporting period	The same of the sa	NG DATE OF REPO	The state of the s	
9. (Check one)	JA	JUARY 1	5, 2012	
9. (Check one)				
a. This campaign is exempt from detaile	ed disclosure because contribution	ons (including in-k	ind) received total \$1,00	00 or less AND expendi-
tures total \$1,000 or less for this repo	orting period. (Complete items 1	2d., 12e. and 12f.)	
b. This campaign is required to file a de	tailed financial disclosure becau	se contributions (i	ncluding in-kind) receive	ed total more than \$1,000
and/or expenditures total more than S	\$1,000 for this reporting period.	,	3	, , , , , , , , , , , , , , , , , , ,
	=		ri .	
10. I/we do solemnly swear or affirm that the ir	nformation contained in this cam	paign financial di	sclosure report is true a	and that this report is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we	ons and expenditures required to swear or affirm that no campain	be reported by the	te candidate committee	by the Campaign
benefit of the candidate or for any other nor	political purpose as defined by t	he federal interna	Il revenue code.	ne personal illiancial
Q + Q + Q + Q		///	/) /	7 11
Juhan Casavart	1-18-2012	LEL X	- pert	1/11/2017
signature of candidate	date	signature	of political treasurer	date
	/			/
11. WITNESS SIGNATURE		1	6	
Danie Olivera		111. 41.	40/1	/ /
Jenney James D		Horolly	L. Suarl	es 1/16/292
signature of witness	date	signa	ature of witness	date
12. SUMMARY				7
a. BALANCE ON HAND LAST REPORT			2063	
a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD			6)	
b. TOTAL RECEIPTS THIS PERIOD			\$	
			70636	
c. TOTAL DISBURSEMENTS THIS PERIOD			\$	
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12 a)			-0-
d. BALANCE ON HAND (12.a. plus 12.b. r				
a TOTALLOANS OUTSTANDING				-0-
e. TOTAL LOANS OUTSTANDING	T:01 MA 8 T MAU ST		9	
f TOTAL OR ICATIONS CUITOTANG	NO ICOLUICA			-0-
f. TOTAL OBLIGATIONS OUTSTANDING		•••••		
article.	EN NOTHERN	-		



SS-1109 (Rev. 2/06)

Page 1 of _____

RDA 1159

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
DECEIDTS	799 2011 19/15/2012						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)\$							
b. Itemized Contributions (over \$100 from each source this period)							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$							
6. LOANS RECEIVED THIS REPORTING PERIOD							
7. INTEREST RECEIVED THIS REPORTING PERIOD							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)							
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage, gasoline)						
\$							
\$							
\$							
s							
\$							
\$	<u> </u>						
\$							
\$							
\$							
T-1-1-65							
Total of Expenditures (\$100 or less each payee)							
b. Itemized Expenditures (Over \$100 each payee this period)							
	c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)\$						
20. LOAN REPAYMENTS MADE THIS PERIOD\$							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2063 -						
22.IN-KIND CONTRIBUTIONS							
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$							
b. Itemized in-kind contributions (over \$100 from each source this period)\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22	.b.)\$						
23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)\$							
b. Itemized Obligations Outstanding (Over \$100 each)\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$							



SS-1133 (Rev. 4/02)

Page _____ of ____

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	RING THE PERIOD					
KICHARD CASAVANT				FP94:/2011	19/25/2012		
7720					Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					-0-		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First-Name MES	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		CONTRIBUTION		# 100000			
Address Box 1311				1,000			
City Hixsen	State	Zip Code 37343					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			CONTRIBUTION TO CHILDREN'S HOSPITAL LOUNDATION		4 67		
ETHANGER HEALTH SYSTEM FUNDATIONS							
Address			CHILDREDS		\$106367		
975 E. THED ST	State	Zip Code	140510 17AZ		,000		
	TI	37403	LOUNDATION				
CHATTANDOCA	_						
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code	× 1				
	State	Zip code			2 0		
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	e.	Purpose of Expenditure		Amount of Expenditure		
	Wildle Haire		- Asperson Expenditure		Amount of Experiation		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure	ATTACAM TO A CONTRACTOR OF THE	Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
	3,010						
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)							